

**PROBATE COURT OF CLARK COUNTY, OHIO**  
*Richard P. Carey, Judge*

In the Matter of the GUARDIANSHIP of: \_\_\_\_\_

Case No. \_\_\_\_\_

Date: \_\_\_\_\_

**STATEMENT OF EXPERT EVALUATION**

**Definition of Incompetent (R.C. 2111.01(D)): "Incompetent means any person who is so mentally impaired as a result of a physical or mental illness or disability, or retardation, or as a result of chronic substance abuse, that he is incapable of taking proper care of himself or his property or fails to provide for his family or other persons for whom he is charged by law to provide, or any person confined to a penal institution within this State."**

**The Statement of Evaluation does not declare the prospective ward competent or incompetent, but is evidence to be considered by the Court.**

**The fee for completing this evaluation WILL NOT be paid by the Court. Each evaluator should secure payment from the Applicant/Guardian.**

**1. This Statement of Evaluation is for:**

\_\_\_\_\_ **Guardianship Application. (To be completed by a Licensed Physician or Licensed Clinical Psychologist, and attached to the Application).**

\_\_\_\_\_ **Guardian's Report. (Evaluation and Statement by a Licensed Physician, Licensed Clinical Psychologist, Licensed Social Worker, or Mental Retardation Team to be completed within three months of date of the report. R.C.2111.49(A)(1)(i).)**

**2. Statement completed by: (please type or print)**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Who is a :**

\_\_\_\_\_ **Licensed Physician**

\_\_\_\_\_ **Licensed Clinical Psychologist**

\_\_\_\_\_ **Licensed Social Worker**

\_\_\_\_\_ **Mental Retardation Team**

**3. Date(s) of Evaluation:** \_\_\_\_\_

**Place(s) of evaluation:** \_\_\_\_\_

**Time spent with subject:** \_\_\_\_\_

**Length of time subject has been your patient:** \_\_\_\_\_

**4. Is the subject presently under medication: \_\_\_\_\_yes \_\_\_\_\_no**

**If yes, what is the medication, dosage, and purpose.**

\_\_\_\_\_  
\_\_\_\_\_

Are there any signs of physical and/or mental impairments caused by the medications themselves?\_\_\_\_\_

5. During the examination did you note a disturbance of the subjects:

	Yes	No
a) Orientation?.....	_____	_____
b) Speech?.....	_____	_____
c) Motor Behavior?.....	_____	_____
d) Thought Process?.....	_____	_____
e) Affect?.....	_____	_____
f) Memory?.....	_____	_____
g) Concentration and comprehension?.....	_____	_____
h) Judgement?.....	_____	_____
i) Perception of Time and Place?.....	_____	_____

6. Please describe any abnormalities identified in question five. (Attach addenda if space is not adequate.)

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7. Is the subject mentally impaired? Yes\_\_\_\_\_ No\_\_\_\_\_

If Yes, what is the cause?

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8. A. Is the subject physically impaired? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what is the cause?\_\_\_\_\_

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9. Did you consult any collateral information in conjunction with your evaluation? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, explain:\_\_\_\_\_

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10. Please give a summary of background/historical information obtained from the subject and/or collateral source.

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11. Could you determine the subject=s general level of intelligence and fund of knowledge? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

12. Do you believe this subject in his/her present condition, is substantially capable of managing his/her finances and property? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Do you believe this subject in his/her present condition, is substantially capable of caring or his/her activities of daily living or making decisions concerning medical treatments, living arrangements, and diet? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Prognosis: \_\_\_\_\_

15. (TO BE COMPLETED IF SUBMITTED WITH A GUARDIAN'S REPORT) In my opinion, the guardianship should be: Continued \_\_\_\_\_ Terminated \_\_\_\_\_.

16. (TO BE COMPLETED IF SUBMITTED WITH AN APPLICATION FOR GUARDIANSHIP) In my opinion, the application for guardianship: Should be granted \_\_\_\_\_ Should not be granted \_\_\_\_\_.

### ADDITIONAL COMMENTS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

on \_\_\_\_\_ 20\_\_\_\_ I certify that I have evaluated the subject  
for the purpose of guardianship.

Date \_\_\_\_\_ Evaluator: \_\_\_\_\_